

TOWN OF DAVIE
6591 SW 45 STREET
DAVIE, FL 33314
(954) 797-1112

DATE_____

HOME OCCUPATIONAL LICENSE AFFIDAVIT

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

I understand that as long as I conduct business in the Town of Davie I must keep an active occupational license.

This application for home occupational license allows mail and telephone use only, no signs or outside storage, no on-site employees or clients are permitted.

By signing below I agree to the above conditions.

Print Owner or Officers Name and Title

Signature of owner or officer

**STATE OF FLORIDA
TOWN OF DAVIE**

The foregoing was acknowledged before me this _____ day of _____, 2004
by, _____ Who is personally known to me or who has produced
_____, as identification and whom did/did not take an oath

NOTARY PUBLIC_____

PRINT:_____

COMMISSION EXPIRES:_____

_____ Residency verified